MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER: -62-009297

Registration District No. 317   Primary Registration District No. 546   Registrar's No. 190

DO NOT WRITE ON THIS STUB   **AMENDED**

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF — SHOULD READ

DATE AMENDED

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON — BY AFFIDAVIT OF — DOCUMENT

FILED MAR 7 1962

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Overland

Length of stay in 1b: 4 Months

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 10425 Driver   Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri   b. COUNTY

c. CITY OR TOWN St. Louis   Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 5809 a Delmar Blvd.   Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)
First JAMES   Middle WILLIAM   Last Mc MILLIAN

4. DATE OF DEATH Month January   Day 14,   Year 1962

5. SEX	6. COLOR OR RACE	7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR		IF UNDER 24 HR	
					Months	Days	Hours	Min.
M.	W.		5/17/1891	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
Tavern Owner	McMillian's Tap Room	St. Louis, Missouri	USA

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
Monroe Mc Millian	Mary Ellen Murphy	None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Address
No		Mrs. Wm. B. Hayes	10425 Driver St. Louis 14

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac Insufficiency	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerosis (Generalized)	
DUE TO (c)	Coronary Thrombosis	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

420.1

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes   ☐ No   ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY   Hour a.m. p.m.   Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE

21. I attended the deceased from 9-13-60, to Jan 14, 62 and last saw him alive on 1-13-62. Death occurred at 1-14-62 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
S. R. Richtarser M.D.	1825 Ashby Overland	1-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	25c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Removal	1/17/1962	Calvary Cemetery	St. Louis, Missouri 1-15-62

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Alexander & Sons,	6175 Delmar Blvd.	1-15-62	Jno. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Stephan R. Richtarsic
1825 Ashby Rd.
HA. 8 4774

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed_____ *J. Allen Davis Jr*
      Signature of Student Embalmer

                                          Licensed Embalmer No. *4953*

                                          P. O. Address *St Louis*
                                                Jan 14 - 1962

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply
with the above constitutes grounds for revocation of license).
    If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
    If this body is not embalmed, fact should be so stated above.